



PATIENT

Ranger Hefferie

SPECIES

Canine

BREED

German Shorthair

SEX

Neutered male

AGE

4 ½ years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Weagley

INVOICE

93175

DATE

11/17/21

PRESENTING CLINICAL SIGNS

History: Spleen enlarged/folded/torsed? Note- patient has gastropexy Current meds: cerenia injection 4cc 1:15pm
Abnormal PE/Chem/CBC/UA Results: CBC WNL except platelets 147, Chem WNL, 4DX Neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.87 cm. The right kidney measured 8.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.65 x 0.58 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 3.46 x 0.53 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged. The vascularity was normal. The spleen was folded upon itself.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was filled with ingesta. This is consistent with post prandial presentation. There was no complication to the gastropexy. The pyloric angle was noted normal. Transit of chyme into the



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duodenum was noted. The small intestines and colon were unremarkable. The colon revealed normal stool.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Heart

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Rapid view of the heart revealed no evidence of pathology.

Neutered male

AGE

ULTRASONOGRAPHIC FINDINGS

4 ½ years

Mild hypersplenism, breed variant.

WEIGHT

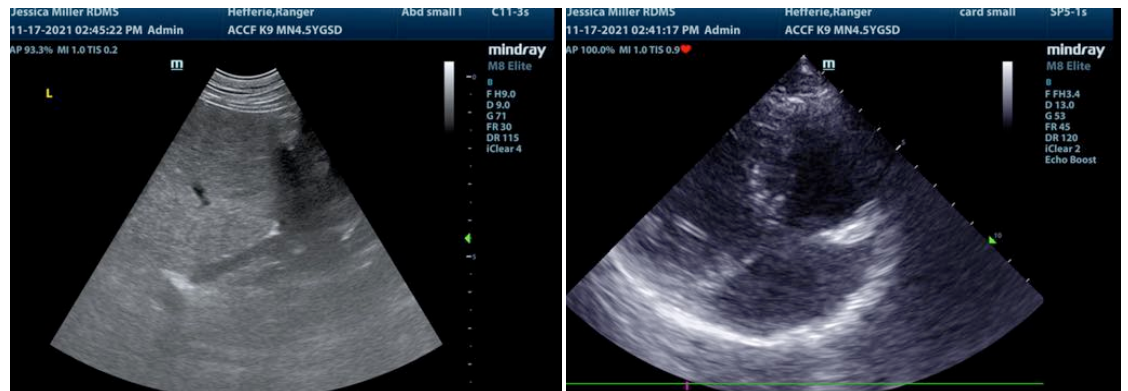
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

If the patient is painful upon palpation of the spleen then proactive splenectomy can be considered in this patient as there may be a risk for torsion. Otherwise, this appears to be hypersplenism or breed variant. The vascularity was normal. There was no evidence of inflammation upon the spleen. however, I cannot rule out the potential for splenic torsion predisposition in this case.

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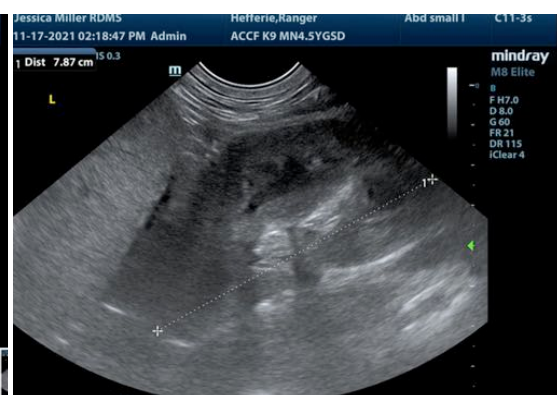
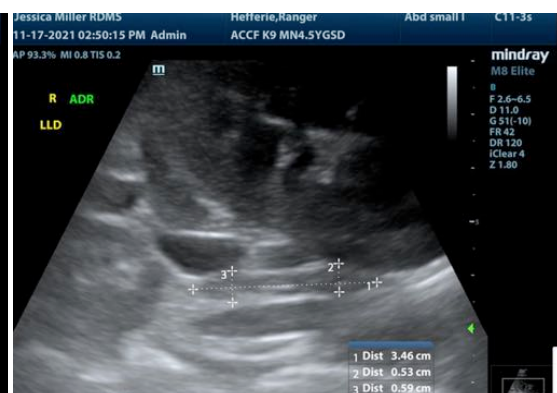
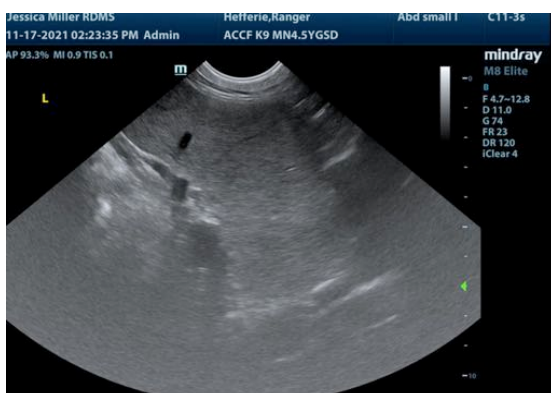
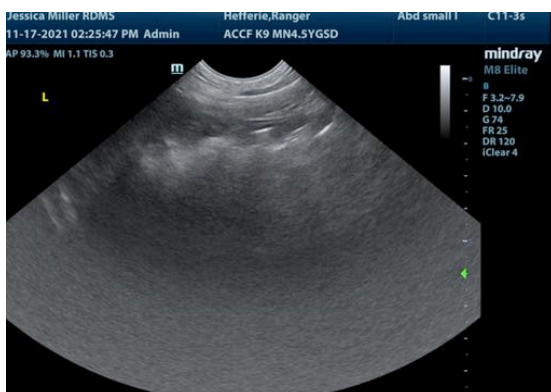
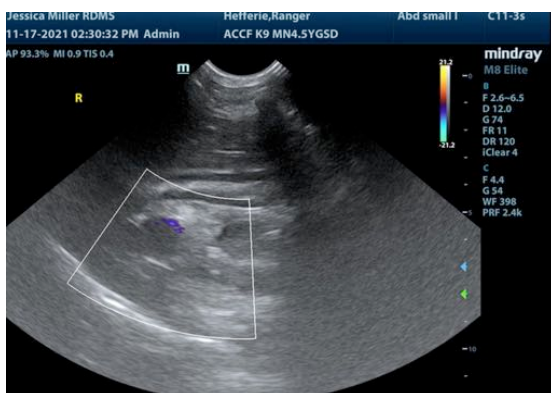
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com

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